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CONSUMER TASK FORCE
JULY 24, 2007

EXECUTIVE COMMITTEE MINUTES

OFFICE OF LONG-TERM CARE SUPPORTS AND
SERVICES UPDATE

PROJECT UPDATES FOR JUNE

CONFERENCE CALL SCHEDULE FOR SELF-
DIRECTION IN LONG-TERM CARE

REAL CHOICE SYSTEMS CHANGE GRANTS - 2007 -
OVERVIEW

OVERVIEW OF PREPAID LONG-TERM CARE HEALTH
PLAN - CONCEPT PAPER

NOTICE OF BUDGET RALLY MEETING, JULY 27

NOTICE OF OSA POTLUCK PICNIC

CONSUMER TASK FORCE
EXECUTIVE COMMITTEE
JUNE 26, 2007
MINUTES

IN ATTENDANCE: Laura Hall, Jacqui Day, RoAnne Chaney, Paul Palmer, Sara Harrison, Orystine Gulley, Suanne McBrien, Robin Ripmaster

Information Sessions - It was suggested that we use the information sessions to get more detailed information on the grant projects, and managed care, in general. RoAnne was going to talk to Norm DeLisle about the managed care presentation.

For July, the information session will be the phone conference call on Person-Centered Planning in Long-Term Care.

Consumer Introductions - Robin Ripmaster and Suanne McBrien agreed to provide introductions.

August Meeting - possibly cancel due to summer vacations

Statewide Consumer Representation - the Task Force needs more outstate consumer representation. It was suggested to contact the Area Agencies on Aging and LTC Connections for consumer names.

OFFICE OF LONG-TERM CARE SUPPORTS & SERVICES
Update for the Long-Term Care Supports and Services Advisory
Commission
July 23, 2007

1. Long-Term Care Connections (LTCC) Projects
 - a. Service Delivery - During the month of May, over 2,300 calls were received and assistance was provided by the Information and Assistance staff, and over 500 persons have received Options Counseling.
 - b. Evaluation - The draft Information and Assistance consumer survey will be pilot tested. The Evaluation Steering Committee is also reviewing draft surveys to measure the outcomes that were identified for Options Counseling.
 - c. Training - Rhonda Montgomery and her staff conducted two-day training on how to assess and meet the needs of family caregivers in the Upper Peninsula. The training will be repeated in the fall, probably in the Grand Rapids area.
 - d. Contracts - Contracts have been signed with all of the three new Long-Term Care Connection independent entities in the three Lower Peninsula demonstration sites, as intended when the initial demonstration project awards were made. Contract and budget planning for FY 08 is underway.
 - e. Mandatory Level of Care – The Medical Services Administration (MSA) has promulgated draft policy that will state the LTCC agencies are the sole agency in the

specified regions to assess a consumer's functional/medical eligibility for nursing facilities and the MI Choice Waiver program.

2. System Transformation Grant Project

- a. The revised Strategic Plan was submitted to CMS. Their only response was that the State is required to obtain a project manager prior to receiving additional funding.
- b. A workgroup has been assembled to refine the Evaluation Plan. The Office has until August 3rd to submit the Evaluation Plan.

3. Office Development

- a. The Office submitted a request to fill several positions, including the Systems Transformation (STG) and Deficit Reduction/Money Follows the Person (DRA-MFP) project managers, to the state budget office. Approval to proceed with the Project Coordinator position to oversee the DRA-MFP and the Project Manager position to lead implementation of the STG project is being finalized this week.

4. Long-Term Care Insurance Partnership program

- a. Limited staff and other stakeholders will be attending a conference in July in Washington D.C., sponsored by the Center for Health Care Strategies.
- b. There have been two meetings of the workgroup. Initial work has been overview of the Deficit Reduction Act requirements for LTC Insurance Partnership programs, the

determination of methods to authorize qualified LTC Insurance Partnership policies in Michigan, and determination of the Medicaid State Plan requirements that must be addressed when that component is submitted. PA 674 of 2006 requires submission of this State Plan Amendment by October 2007.

5. MI Choice Waiver Renewal

- a. The renewal waiver package has been submitted to CMS for approval. CMS has 90 days to respond to the application. A copy of the renewal application can be found on the MI Choice Stakeholder Forum website:

<http://74.94.235.4:3455/michoice/9>

Make up a user name; password is: michoice

- b. The Specialized Residential Licensed Setting subcommittee continues to meet to examine the implications of placing into the MI Choice waiver a covered service option that will pay for special licensed residential settings (Adult Foster Care and Homes for the Aged).

6. Prepaid LTC Health Plan pilot project

- a. CMS approved a 6-month no-cost extension of the Monery Follows the Person grant which has supported this work, through March 2008.
- b. MSA and the Office of LTC Supports & Services are working together to assure completion of the feasibility study for this pilot project.

- c. CMS has provided initial questions for response, to the concept proposal. Responses will be used to guide additional discussion with CMS.

7. Deficit Reduction Act - Money Follows the Person grant

- a. A stakeholder group was formed to provide input on the Operational Protocol. This document is due to CMS in August.
- b. A data workgroup has been meeting to define the data elements required by the grant and identify data sources for these elements.
- c. The Office will be meeting with stakeholders to develop the nursing facilities transition pathway as part of the protocols development process.
- d. CMS requires a Project Coordinator be on board before funding provided through this grant may be used.

8. Self-Determination in Long-Term Care

- a. There are 69 persons with individual budgets who are applying options to directly select, employ and direct their care providers, across the four Pioneer sites.
- b. The Office continues to train the other waiver sites on person-centered planning and methods to assure consumer options for self-determination in the MI Choice Waiver.

9. Person-Centered Planning Practice Guideline

- a. The comment period for the Person-Centered Planning Practice Guideline draft has ended. 19 individuals provided written feedback and suggestions. The Office is in the process of compiling the comments for finalizing the guideline, in collaboration with the MI Choice Waiver operations unit in MSA.
 - b. The guideline is intended to become a part of the FY 2008 MI Choice Waiver contract.
10. Other – applications for grant assistance
 - a. The Office is working on submitting two new grant applications to the Centers for Medicare & Medicaid Services (CMS) this month.
 - State profile of its long-term care system
 - Person-centered planning enhancements
 - b. A Letter of Intent is being developed to be submitted to the Center for Health Care Strategies in order to become a participant state in collaborative efforts to expand states' knowledge and understanding of prepaid long-term care health plan models.

CONSUMER TASK FORCE

UPDATE OF PROJECTS

JULY 2007

Medicaid Infrastructure Grant (MIG)

July 2007

There are presently 1,018 Freedom to Work (FTW) participants. This is up from 983 last month.

The Centers for Medicare & Medicaid Services (CMS) provided three criteria to be included in a submission of the State Plan Amendment to allow the use of personal care services in the workplace. MSA staff are revising the amendment to include these in a resubmission to CMS. We will need approved by the 10/1/07 deadline. MIG staff is drafting a bulletin for MSA to use for this policy.

Jill Gerrie is facilitating a return visit by Erin Riehle with Project Search to assist in coordinating all the synergy around this topic and heighten interest in supported employment efforts. We're aiming for a September date. This visit is expected to include one or two direct presentations to key employers.

Marty Alward is working with a clubhouse in Lapeer to provide employment related data in its "resource center." This may be a promising step for other clubhouses.

Joe is meeting with United Way of Southeast Michigan on July 18 to discuss similarities in the MIG's efforts to explore a Michigan like "www.db101.org" site and the United Way's interest in creating an online application/information site for individuals. These two efforts appear to be more different than alike. Joe will be talking with MRS and MDCH in July about proceeding with this online informational effort.

Jean Williams is now representing MRS on the MIG. She is taking June Morse's place.

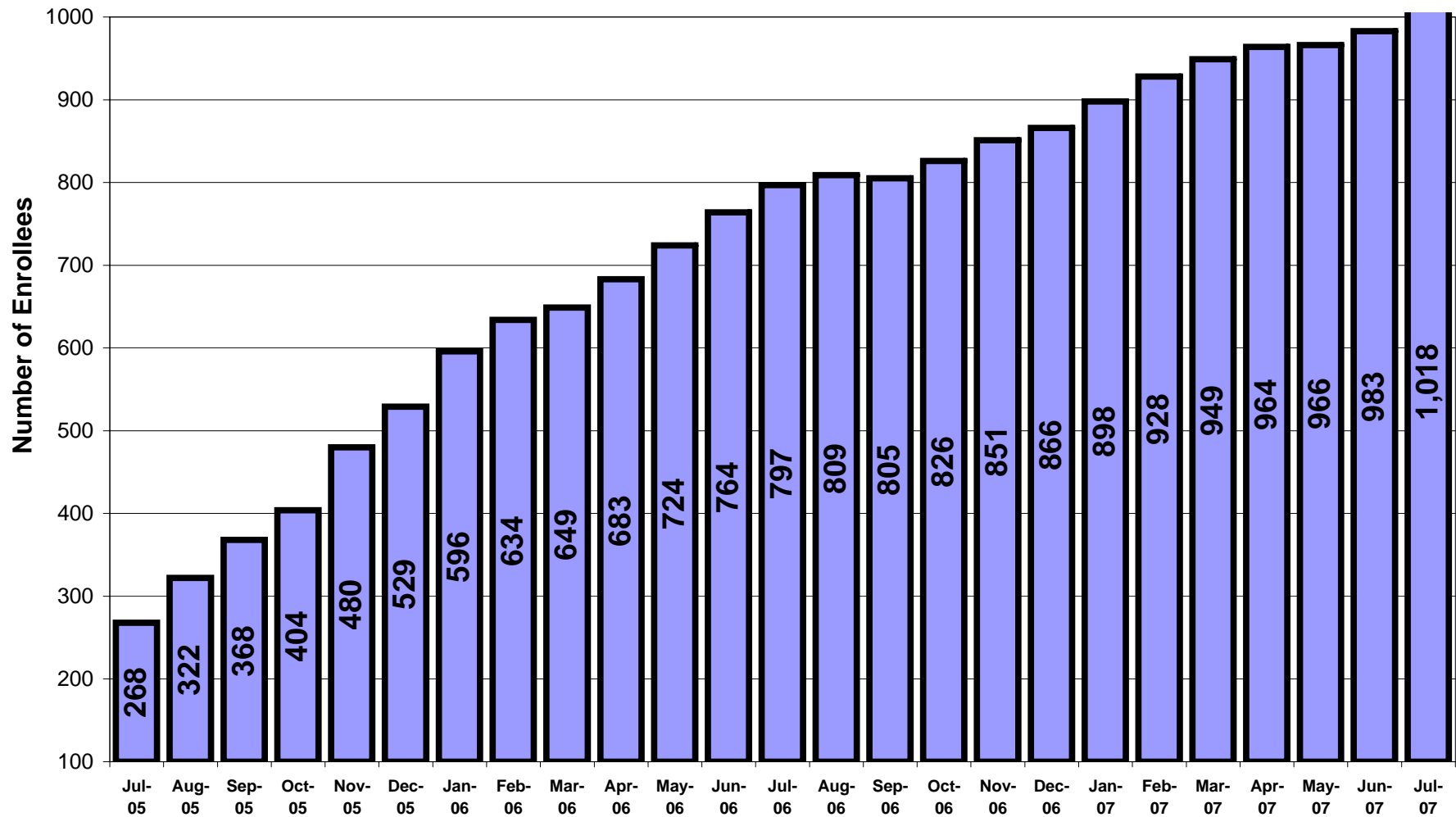
The MIG & Medical Services Administration is looking into utilizing the Balanced Budget Act of 1997 to address the aging issue in Freedom to Work Medicaid.

Freedom to Work Enrollment
By County
March 2007

County Code	County Name	Beneficiary ID		County Code	County Name	Beneficiary ID
1	Alcona	12		40	Kalkaska	3
2	Alger	1		41	Kent	91
3	Allegan	10		43	Lake	0
4	Alpena	1		44	Lapeer	7
5	Antrim	2		45	Leelanau	1
6	Arenac	3		46	Lenawee	13
7	Baraga	1		47	Livingston	8
8	Barry	4		49	Mackinac	1
9	Bay	37		50	Macomb	59
10	Benzie	3		51	Manistee	3
11	Berrien	27		52	Marquette	9
12	Branch	7		53	Mason	6
13	Calhoun	20		54	Mecosta	9
14	Cass	3		55	Menominee	5
15	Charlevoix	7		56	Midland	16
16	Cheboygan	0		57	Missaukee	1
17	Chippewa	10		58	Monroe	16
18	Clare	2		59	Montcalm	1
19	Clinton	5		60	Montmorency	3

County Code	County Name	Beneficiary ID		County Code	County Name	Beneficiary ID
20	Crawford	2		61	Muskegon	43
21	Delta	9		62	Newaygo	10
22	Dickinson	4		63	Oakland	89
23	Eaton	13		65	Ogemaw	1
24	Emmet	9		66	Ontonagon	1
25	Genesee	27		67	Osceola	4
26	Gladwin	1		68	Oscoda	0
27	Gogebic	4		69	Otsego	8
28	Grand Traverse	20		70	Ottawa	24
29	Gratiot	6		71	Presque Isle	0
30	Hillsdale	6		72	Roscommon	7
31	Houghton	7		73	Saginaw	8
32	Huron	5		74	St. Clair	14
33	Ingham	38		75	St. Joseph	12
34	Ionia	3		76	Sanilac	6
35	Iosco	2		78	Shiawassee	9
36	Iron	3		79	Tuscola	3
37	Isabella	7		80	VanBuren	5
38	Jackson	10		81	Washtenaw	41
39	Kalamazoo	64		82	Wayne	95
				83	Wexford	2
					TOTAL	1,018

Michigan FTW Enrollees July 2007



MIG Status Report: Barriers to Employment – July13, 2007

1018 FTW Members

arinit@michigan.gov

<i>Issue</i>	<i>Explanation</i>	<i>Potential Solution</i>	<i>Action/Timeframe</i>
<p>PAS/PCS Issue</p> <p>As of today Persons needing PAS/PCS to manage personal needs while at work cannot accomplish this.</p>	<p>Persons needing PAS/PCS to accomplish personal needs are limited at how long during the day they can be away from home.</p> <p><u>Because they cannot take care of personal needs at work, they end up working less or choosing not to work at all.</u></p> <p>The FTW law itself prohibits the use of PAS/PCS in the work place, ie “FTW 106a (3) - ...and does not include personal assistance services in the workplace.”</p>	<p>-Work with MSA to draft language to amend the State Plan. This will be part of our Medicaid State Plan.</p> <p>-The State Plan Language will override the FTW Language.</p> <p>-Mike, Joe and Theresa will work with MSA</p> <p>-If no word on SPA by Friday, June 16, Ed Kemp will initiate contact with CMS to ensure the SPA process is moving.</p>	<p><u>-MAY 09</u> An update was given by Ed Kemp who said that CMS wants us to re-look at the reimbursement issues. An attempt was made to try to separate these issues from the rest of the SPA and move on with the part we are concerned with which includes PA services in the workplace, but the attempt did not fly with CMS. Therefore the whole submission was pulled back in order to stop the clock so we would not have to start over.</p> <p>Ed Kemp stated that he wanted to get started with a committee to resolve these issues next week, he suggested a few individuals who might serve along with someone at least from our group appointed by Mike. He really didn't foresee a speedy result from this committee.</p> <p>When asked what advocates could do to help, Ed stated that if someone could get the grant people at CMS to talk with the contract policy people and get them to accept an expressed clear effort in the right direction as good enough, maybe that could save the grant.</p> <p><u>-JUNE 13</u> Ed Kemp reported that Mike Head has finished the letter to CMS and it is in for signature by Paul Reinhart. Once signed, It will be mailed to Gale Arden at CMS.</p> <p><u>JULY 13</u> After more negotiations with CMS the possibility that we can have the state Plan Amendment accepted by CMS is looking more promising. Our deadline for CMS approval is October 1, 2007. All is contingent upon MSA accepting three written criteria from CMS including moving the sunset date for addressing the flat rate payment/bundling issue for adult foster care providers. Paul Reinhart plans to send the necessary letter accepting the CMS contingencies as early as next week. The letter will stress the need to receive CMS approval before 10/1/07 to allow for continued MIG grant awards.</p>

<p>Case Review/Earnings Level Issue</p> <p>Presently, after 12 months a person earning over SGA – upon their yearly DHS case review, the person is seen as “not” disabled, and kicked out of FTW because of earnings level.</p>	<p>DHS defers to PEM 260 for directive as to yearly review and PAM 815 as to guidance on the process of review. <u>DHS Diary Date set for automatic annual review of a person with a disability set at one year. The review looks at earnings, then disability.</u> The current FTW law supports this.</p> <p>The FTW law states eligibility standards in 106a (2) specifically “(a).... or would be found to be disabled except for earnings in excess of the SGA level as established by the U.S. SSA”</p>	<p>-Working with MSA, and DHS – MRT Division.</p> <p>-Short term solution “interim update” to DHS proposed.</p> <p>-Long-term procedure being determined.</p> <p>- Need to review cases w/out considering disability.</p> <p>-Need to change procedure manual (PEM) manual to disregard earnings consideration in the case of FTW participants</p> <p>- Jackie & Theresa assigned to work with MSA & complement process</p> <p>-Theresa will assure that Linda does receive copies of the documents she needs (PEM 260 & 174).</p>	<p>-Feb 14, 07 This issue is still not resolved, therefore Linda is to push review dates forward for six months again. Logan will send Linda an email to see if she has been able to complete the process. If Linda cannot get to it before leaving for her time off work, Logan will ask Anne Bialke to complete the push forward of review dates process.</p> <p><u>-JUNE 13</u> Status of review dates was given by Julie. Linda is responsible for this. Also she will be the one in charge of drafting the policy change to resolve this issue permanently. This policy change is likely to be in January 2008. Logan remains concerned that just changing policy will not “catch” the FTW files that should not be reviewed. More discussion about choosing a certain color of paper to highlight the file. Joe said the MIG would buy a couple of cases of bright neon paper and paper clips to attach to the top of these files so MRT doesn’t review, etc.</p>
<p>Unearned Income Issue</p> <p>Current FTW individuals receive or achieve unexpected unearned income, placing them in a status with unearned income above FPL.</p>	<p>Some unearned income results as a direct benefit from working, such as: unemployment, workers compensation, and working at higher earnings, thereby increasing the amount of SSDI check received in the case of temporary layoffs or medical leave. <u>Other factors that could cause an unexpected rise in unearned income include the death of a parent, receipt of child support, or receipt of spousal support.</u> FTW Law 106a (2) (c) states, “The individual has unearned income level of not more than 100% of the current federal poverty guidelines.” Yet this seems to contradict with 106a (4) (c) which speaks to “temporary breaks in employment that do not exceed 24 months if temporary breaks are the result of an involuntary layoff or are determined to be medically necessary.” <u>Because of a person’s past work record, the amount of unearned income collected during these temporary breaks from employment may actually bring a person above the FPL threshold and make them ineligible to participate in FTW.</u></p>	<p>-The benefits derived from working are received as unearned income, ie unemployment, comp pay, disability leave, etc.</p> <p>-The intent is not to be penalizing people who work</p> <p>- Theresa assisted by Joe, will develop list of items to be included in future inclusive FTW disregard for submission to Logan by June 30.</p>	<p>-MAY 09 Theresa asked Logan for an update on the submitted disregards. Logan stated there had been no movement on them. Theresa asked if there was anything that she could do to assist. Logan stated not at this time.</p> <p><u>-JUNE13</u> Draft language of disregards was submitted by Theresa as requested by Logan. The disregards were discussed. Possible courses of action were also discussed such as using a percentage of unearned income, a percentage of COLA or other increases, or simply disregarding SSDI and SSI income altogether. Ideas were generated; such as creating a separate defined Medicaid program/category or waiver for PAS. Julie Dupuis and Vaishali Patgoankar will run some numbers on COLA of FPL and SSDI increases over the past 5 years to determine a comparison and an average percentage increase. Logan will strive to determine acceptable language as a disregard to address requests. We will continue to work to</p>

			<p>allow a person 65 years or older to remain Medicaid eligible as needed through FTW. We are also concerned with how to protect the NON-FTW spouse or child that has income deemed to them and may be in jeopardy of losing their Medicaid coverage.</p> <p><u>JULY 13</u> This is still under discussion. Applicants need to be treated the same as enrollees. Annual unearned income adjustments (such as COLAs) or from the loss of a parent potentially initiating or increasing a DAC or VET payment vs. recurring and continual incomes such as unemployment or workers comp are difficult to define and delineate for the policy.</p>
<p>Aging Out Issue</p> <p>FTW participants approaching age 65+ accumulating resources, savings, retirement, etc. must now dissolve these resources in order to retain Medicaid eligibility.</p>	<p>FTW Law specifically states in 106a (2) (b) <u>"To be eligible, "the individual is at least 16 years of age and younger than 65 years of age."</u></p> <p>Michigan's Medicaid Buy-In Law is authorized under the TWIIA, which has an age limit for participation of 16-65.</p>	<p>-One course of action could be to try to pass a Medicaid Buy-In under the Balanced Budget Act as other states are attempting to do. The Balanced Budget Act allows for all ages to participate but has other restrictions as to income earned and savings.</p> <p>-Theresa will discuss with NCHSD and look into which states either have done this or are about to accomplish the passing of both.</p> <p>-Theresa will follow up with NCHSD and/or Connecticut on this topic.</p>	<p><u>-April 11</u> Joe noted that we need to have this on the agenda for May so it isn't forgotten. Per TTWWIIA regulations, a consumer is ineligible for Freedom to Work at the age of 65. It appears to be unfair to encourage a consumer to work only to have to loose all they have gained once they reach age 65. Connecticut has resolved this barrier using the Balanced Budget Act. Theresa will pursue Connecticut's language.</p> <p><u>-MAY 09</u> Theresa outlined the Aging Issue again and asked if the group was still in agreement that the solution was to use the 1902R2 to write an exception to the current policy. Logan stated that this was correct. Theresa asked what Logan needed from us to go ahead with the exception. Logan said just write it up and send it to me. Tony wanted to know if we could do the same with the marriage penalty issue, and the income disregards such as veterans etc. Theresa then asked again about the listed disregards spoke of earlier. Logan responded by saying that it might be possible to include those also in one packaged disregard exception list.</p> <p><u>JULY 13</u> We now know at least one person on FTW will be turning 65 in November. We must resolve this issue quickly. Discussion occurred. Two suggestions</p>

			<p>were made. One was to utilize the 1997 BBA to create a new Medicaid category for persons 65 and over. Also 1902(r)(2) disregards may be required as well. The other suggestion was to look into the utilization of Pooled Trusts. It was suggested the Mike Head provide a letter to Paul Reinhart to initiate the BBA action. Also Julie Dupruis will provide data on how many persons currently enrolled FTW workers are turning 65 this year.</p>
<p>Premium Issue</p> <p>The current FTW premiums fees are seen as “cliffs.” The variance in premium amount leaves big differences from one level to the next, which can be triggered by a simple .50 cents increase in pay.</p>	<p>The FTW Law allows for Medicaid Buy-In premiums to be on a sliding scale. Specifically the FTW Law states in 106a “(5) (c) “the Premium sliding fee scale shall have no more than 5 tiers.”</p> <p><u>An unintended consequence of setting the fee scale as MI did (using an SSI methodology for counting income) resulted in individuals having to earn around \$4,000 a month before paying the first level of premium, which was set at \$50.00.</u></p>	<ul style="list-style-type: none"> - Consider a MSA Administrative Policy Change in the existing current premium fee scale. -One Suggestion includes changing to a % scale for individual income level; or go from 100% FPL To 250% of FPL to begin paying premium. - Another possibility would be to switch to a sliding scale based on percentage of countable income. -Some states have premiums that start at the point of any earnings and/or may include unearned income 	<p>-Aug 15 It was suggested that we consider using % for eligibility into the program. And it should also be noted that % was suggested here as a way to make premiums smoother from one level to the next.</p> <p>-Sept 12. It was suggested by Tony that we might want to look at and compile suggestions using different premium scales or methodology for premiums. Theresa will assist by providing an analysis from NCHSD on what other states have for their premium systems.</p>
<p>Marriage Penalty Issue</p> <p>The FTW participant's earnings are “deemed” to the spouse and the spouse becomes ineligible for Medicaid and other supports.</p>	<p>The issue of deeming is a problem for FTW participants who have a spouse receiving supportive benefits, such as SSI, due to a disabling condition. A part of the working spouses' income is deemed to the other spouse. This results in the other spouses' benefits possibly being reduced or eliminated.</p>	<ul style="list-style-type: none"> -This is a federal challenge within SSA -The WIAG group meets in Chicago and this is a topic they are considering. Tony Wong, Karen Larsen, & June Morse participate. 	<p>-Aug 15 A question was raised, why we couldn't use the provisions in 1902 to specify this group individually, and make a State administrative rule that would eliminate the problem of deeming between spouses. Logan referred us to a piece of guidance issued from CMS that may be of help. More research to be done in this area.</p> <p>Sept 12 Tony is going to write up a possible state solution to this Federal problem using the 1902 (r) (2) provisions. He would like some feedback on a document he is preparing for the WIAG committee.</p>
<p>Part B Premiums</p>	<p>The state DHS policy FTW, PEM 174, clearly states,”a person eligible for medical</p>	<p>-Theresa will further research potential implications of this factor</p>	<p>-June13 MSP premiums were discussed briefly as the issue also involves concurrently</p>

<p>Issue</p> <p>Some FTW persons become responsible to pay the Medicare premium for Part B without being advised of this impact.</p>	<p>assistance under FTW is not eligible for ALMB.” FTW participants may be required to pay Part B costs when they achieve certain earnings levels. Currently Individuals are not made aware of this before switching to FTW.</p>	<p>within the FTW program</p> <ul style="list-style-type: none"> -Consider whether a change in Administrative policy is needed -Need to develop method to inform participants that they may be required to pay their Medicare Part B premiums as they begin working. 	<p>eligible for ADCARE. Linda concurred with Theresa's findings that people did not have to pay Medicare Part B premiums because of switching to FTW, but because of a rise in their income as a result of working.</p> <p><u>-Jan 10</u> We acquired information at this meeting that there is a new sliding scale to part B premiums with costs starting at \$93.60 plus \$12.50 and with a scale going up from there. At this time there doesn't seem like there would be an impact for our current FTW participants, but that may change if and when we have participants in the higher income brackets.</p>
<p>Waiver Issue</p> <p>People are asking about being in FTW while using waivers.</p>	<p>People want to be able to remain within a waiver, work, and participate in FTW, but they have been told they can't. People prefer waivers because of the PSA/PCA services. Waivers have a higher income limit to be economically eligible than other Medicaid programs. FTW is an eligibility category and by using the “Freedom Accounts” a person should remain or be eligible for the MI Choice Waiver.</p>	<ul style="list-style-type: none"> -Discussed with Pam McNabb & Jackie Tichnell. Eligibility would depend on slots and earnings? - Mike Head noted that FTW was an eligibility Category, whereas the MI Choice waiver is a Program Category. -May 18...Jackie forwarded an overview of why we believe FTW should be able to work in conjunction with this waiver 	<p><u>-Jan 10, 07</u>-Mike Head met with Ed in December to address this. Logan did not know if this had formally been addressed. Joe will check with Ed.</p> <p><u>-Feb 14, 07</u> We can now celebrate success on this issue. People can now participate in both the waiver and FTW at the same time. Joe presented a copy of a memo to the waiver agents giving them direction on the new policy.</p>
<p>Economic Earnings Issue</p> <p>SSDI recipients that are FTW enrollees remain discouraged from earning over SGA until a person can minimally replace their SSDI check. Ties into the Federal SSA action on SGA. People are unlikely to work in order to have less \$ in their pockets.</p>	<p>People with disabilities work to make money just like anyone else. Individuals are commonly unwilling to accept work that won't minimally replace their check. <u>It costs PWD money \$ to work, in some cases people with disabilities incur large expenses in order to work.</u> In addition, individuals remain concerned of the future need of medical coverage. Some progress has been made in this area through the TWIIA and reinstatement of benefits provision within.</p>	<ul style="list-style-type: none"> -Need to do research on what it would take to eliminate SGA and allow persons to wean off benefits slowly. -Work with the MI JOB Coalition and others working towards a solution to the issue of SGA - PWDS need to gain skills to qualify for a higher paying job, so they can earn enough to take the leap of faith off the system. 	<p>-Feb & April “Think Work” summits suggest growing effort by Mi Jobs Coalition to seek demonstration/pilot grant from SSA to disregard SGA as a standard for persons with SSDI.</p>

<p>Deductible Issue</p> <p>As of January 2004, PWD may have been put into Spend-Down eligibility category (now referred to as the Deductible Program) instead of being referred to the FTW eligibility category.</p>	<p>As of January 2004 through August 01 2005 (Prior to the institutionalization of the LAO2 prompt), PWD may have inadvertently been put into spend-down (now referred to as the Deductible Program) when applying for Medicaid benefits because of having earned income combined with unearned income that placed total earnings over the FPL. Some of these individuals should have been FTW participants.</p>		<p>- July 13 Concern was expressed as to what if anything can be done to capture persons who were missed.</p> <p>-Aug 15 Additional discussion occurred. No action</p> <p><u>-OCT 10</u> There was some discussion as to what/who this population is. Linda Kusnier is working on the December 2003 persons that were spend down prior to January 2004 and would have been FTW persons except for the implementation date. Tony was thinking this was the same group of persons. Logan will pursue with Linda</p>
<p>AD Care Issue</p> <p>PWDs that come in to apply for Medicaid and are working below 100% FPL are automatically referred to AD Care.</p>	<p>It is the policy of DHS to place eligible individuals into the most beneficial MA category for the person. Yet, <u>some individuals with disabilities who have jobs and are actively working are placed into ADCARE rather than FTW.</u> These individuals have a combined income below FPL. The benefit of placing working PWDs to FTW would increase the program enrollment numbers and bring more federal grant dollars to the state ultimately providing greater opportunities to individuals with disabilities.</p>	<p>-Take a look at DHS policy and procedures and determine if changes are needed. If so, make recommendations to MSA. Theresa and Jackie</p> <p>-Study the challenges of transferring working persons with disabilities from ADCARE to FTW to be sure that no harm would occur (recall that some would then need to pay the Part B premium of \$88.50/mo.)</p> <p>*People will only have to pay their Part B premium as their income rises above the poverty level. At that point they would no longer be eligible for ACARE or the Medicare subsidy because they would be over income.</p>	<p><u>-May 09</u> Logan Dreasky stated that there just was not the manpower to get the 6000+ transferred in the near future, but he did feel that the original 600 from the list that Dan from DHS came up with on the original list, who were erroneously in ADCARE have to be moved right away. The action would be handled by MSA personnel, although in the immediate future they were busy crunching numbers for the budget. Even so, Logan stated that he has the original hard copy around somewhere and that this could probably be done soon, about two months time. I said, "So then, we can expect that it will be completed by August 2007?" No response was given on commitment.</p> <p>One idea expressed as to getting the others transferred over was to have the MIG fund a staff position for a while to move the 6,600 ADCARE to FTW. This was just an idea that was suggested and discussed as a possibility to make the process more doable.</p> <p><u>-JUNE 13</u> Present status on the time table for moving the 600-700 from ADCARE to "Freedom to Work". After a preliminary review, DHS doesn't like the letter. The letter is currently with Michelle, and then it will go to Lou of Outstate operations. At this time we are waiting for comments on the letter and/or the process to come back to MSA.</p> <p><u>JULY 13</u> DHS has agreed to the concept of</p>

			<p>putting the working Ad-Care people into Freedom to Work. The Outstate manager wants a random sample run through a test run to see if any reason pops up why these people might be prohibited from moving to freedom to work. MSA will pull a random sample for DHS to run through their system.</p>
<p>Freedom Accounts Issue</p> <p>FTW enrollees are not aware of Freedom Accounts and commonly don't know the benefits of utilizing these accounts to build savings or increase earnings.</p>	<p>The advantage to Freedom Accounts is that <u>PWDs can set aside income to save for things they need, and still qualify for Medicaid benefits and medical coverage under the MA program.</u></p>	<p>-Determine how to build awareness among FTW enrollees to promote increased earnings & savings while retaining needed benefits.</p>	<p>-<u>Aug 15</u> Theresa reported that she has located within the PEMs a DHS Form that will serve the purpose of designating freedom accounts by consumers of DHS services. She also has drafted new PEM language and directions for the use of this form. Theresa is in the process of going through the PEMS to see where modifications need to occur to affected PEMs, and is drafting a memo on this to be submitted with the suggested changes. <u>-OCT 10</u> Theresa shared a draft Bulletin announcing this policy. She provided Logan with a copy. MSA will review and provide the office with comments. Tony suggested adding a section on consumer responsibilities and consequences to the bulletin and the brochure he is working on. Theresa suggested modifying DHS Form 503 Asset Verification Form to include designation for Freedom Accounts, creating a new DHS Form for FTW. A suggestion occurred to modify the FTW DHS Form since Freedom Accounts can also include money from income. Make it a similar but New Form with its own Form Number.</p>
<p>SSA 1619 transition to FTW</p> <p>Presently smooth</p>	<p><u>Persons</u> presently in 1619 status may earn or save their way onto FTW, but <u>are fearful to take that leap because they are unsure that transition into FTW Medicaid will be a seamless process.</u></p>	<p>-Research possible ways to address MA policy to allow this transition to be seamless.</p>	<p>-TBD</p>

transition to FTW is not assured.			
Working from Home and HUD Housing	<u>Persons living in HUD housing are told that they cannot engage in business activities out of their home.</u> This severely limits some employment opportunities for PWDs.	-Theresa will check HUD policy and also with a few contacts she has within the advocacy field that often helps PWDs with housing issues regarding subsidized housing.	-June 16 Ref Jackie Blankenship (MSHDA) thru Sue Eby (MDCH) thru Glen Ashley (MDDC-MDCH) HUD Regulations: 24 CFR 982.551 Obligations of Participant states
Michigan First - Health Care Program	Does this new waiver have any impact on the Freedom to Work Program?		-July 13 Jackie Tichnell contacted Susan Yontz. What we know so far is that it is an 1115 waiver, there is no draft available to share, and there is no template. Susan will let people know that we are interested in learning more information and she will get back to us. -August 8 Theresa has done some research into this and drafted a memo giving the message that from all materials so far there appears to be no adverse effects to FTW participants. This new MI health program may in fact offer health care to people with disabilities who wouldn't otherwise have access to health care.
FTW training in DHS offices (and elsewhere) to NOT include References to not being on a Spend Down/ Deductible.	The current training module used by DHS makes reference to FTW not being for people on the deductible Medicaid program.	The fact of people being on a deductible being the reason for exclusion from FTW is really not true. The qualifying eligibility criteria used for FTW is the same as for ADCARE eligibility, using an SSI category income breakdown.	
Issue regarding the use of or Lack of use of IRWEs by PWDS due to many systemic problems.	1. There are no clear rules or process available to the public or with in the SSA Department that persons can use as guidance in determining whether they have potential IRWEs. 2. When PWDS who are aware of the POMS or are working with a knowledgeable Social Worker and therefore they have a list of IRWEs to turn in. They are treated as if they are stealing or trying to get something they don't have a right to. 3. When PWDS are working with knowledgeable WIPAs etc. and turn in there	There needs to be an administration process and documentation flow process put into place here. Along with an appeals process. The lack of these things clearly shows why the numbers are so low in people using IRWEs.	

	IRWEs, they receive no correspondence or feedback from SSA. And on most occasions no one even applies the IRWES to the case. And if SSA does. SSA never tells anyone.		
FTW and Family Size Eligibility Issue	When FTW eligibility is considered for people with disabilities, we look at the individual. The issue of what is the individual is a member of a family of two and the working spouse is currently receiving Medicaid under ADCARE or some other category?	<p>-We need to decide if we can look at family size relative to income eligibility.</p> <p>-We need to consider the impact on other people who now may be eligible where they were not before.</p>	<p><u>-March 14, 07</u> Mr. Steve Fitton , and Mr. Paul Reinhart, and Ms. Jackie Doig were guests at the meeting this day to discuss this particular issue as it arose with a married disabled consumer who wished to be in the Freedom to Work category. Currently, he receives Medicaid through the ADCARE category. Between the consumer and his spouse their combined income is under the FPL income level for a family of two. Although the individual alone has unearned income above the FPL for an individual. The question was raised of whether or not to allow an individual who meets the 2 per person standard of unearned income less than 100% of FPL criteria into the FTW category. Paul supported it. Steve said he also would support it, but he would like to see some documentation on the implications of allowing this. Logan said that this would cause some issues with the way the law is written and with CMS and the State plan.</p> <p><u>-June 13</u> Theresa will forward the Medicaid Buy-in comparison chart of all states to Ed Kemp and others to consider how states may be addressing eligibility challenges.</p>
People Dropping Out of FTW....Why?	People deciding that they don't want to participate in Medicaid for whatever personal reason they may have.	<p>Attend existing community gatherings the consumers and their families/support persons attend. Ask Why?</p> <p>-Was the program difficult to participate in?</p> <p>-Were the rules too difficult to understand?</p> <p>-Was there no one to explain the program or help with paperwork?</p> <p>-Did they receive Benefits counseling/ If so, was it helpful?</p> <p>-If not? Why Not?</p> <p>-Did they not trust the program would work for them?</p>	

Migration Issue (People moving out from one county and into another to become a Medicaid Beneficiary)	-People will migrate to counties based on the way DHS policies are applied to cases. -For example. An individual w/disabilities since birth; Medicaid eligible since birth; moves to another county and has case transferred. They are planning to stay in new county for awhile. (Cheap Rent). Person soon discovers that in new county they are not eligible. Why?	-Cost of Living varies from county to county. DHS Budgeting process for each county is based on the COL for that county. Therefore the individual may or may not be a recipient of the same benefits from county to county.	

Self- Determination in Long Term Care Project July 2007

Person Centered Planning - Training was provided to 300 people in three different sessions around the lower peninsula. There were consumers present at one of the sessions in Ann Arbor. This training followed the proposed PCP guidelines. We also had Sally Burton Hoyle present at each session. We were not able to have a waiver participant help her with this session, which is a demonstration of pre-planning.

We are conducting person centered planning “audits” with the Pioneer Sites. We look at case files from both Self Determination and traditional waiver service participants to see if there is evidence of PCP. We are also speaking to the local consumer advisory councils and asking about their experiences. We have been to Detroit AAA and Tri-County Office on Aging so far. We will have Burnham Brook and UPCAP completed by the middle of August. The next step will be to write up our findings make recommendations.

We are writing a grant proposal, due July 27 to refine our Person Centered Planning models and research issues related to care givers. We are also seeking to develop a group of Independent Facilitators for PCP.

Self Determination - We will begin training the other waiver agents on the Self Determination option in August. The MI Choice waiver was sent for renewal and the ability to make this a statewide option was part of that renewal. The first site will be in Oakland County. **People getting MI Choice waiver services are needed to be part of this training. There is money to help folks participate and you do not need to be there for the whole day. Please let me know if you are interested or if you know someone who could be.**

As of this writing, July 12, 2007, there are 66 people enrolled in the Self Determination in Long Term Care option.

Michigan LTC Connections

July 2007

Vision

Each LTC Connection site is a highly visible and trusted source of information and assistance about long-term care, aiding Michigan residents with planning and access to needed services and supports, in accordance with their preferences

Service Delivery - During the month of May, over 2,300 calls were received by the I & A staff, and over 500 persons have received Options Counseling. As Service Point reports become available, more information about LTCC activities and the persons we serve will become available.

Evaluation - The draft I & A consumer survey will be pilot tested. Stakeholders, including consumers, staff, and providers will have feedback from callers about the I & A received. The Evaluation Steering Committee is also reviewing draft surveys to measure the outcomes that were identified for Options Counseling.

Training - Rhonda Montgomery and her staff conducted two day training on how to assess and meet the needs of family caregivers in the Upper Peninsula. Participants included UPLTCC staff, as well as staff from community service providers and the waiver. The training will be repeated in the fall, probably in the Grand Rapids area.

Contracts - Contracts have been signed with the new Detroit/Wayne LTCC and the WM LTCC. A draft of the 2008 contract has been written and will be sent through required administrative processes. The exact funding amount will not be known until the legislature appropriates funding.

Mandatory Level of Care - MSA has promulgated draft policy that will state the LTCC agencies are the sole agency in for the specified regions to assess a consumers' functional/medical eligibility for nursing facilities and the Mi Choice Waiver program.

Independence Plus and Money Follows the Person Grants

July 2007

- An overview description of the Pre-Paid LTC Health Care Pilot has been completed. This document describes the intent, values, rationale and principles for the project. The feasibility study which will determine key questions regarding the cost effectiveness and cost neutrality of the proposed project is just beginning. There has been no response from CMS regarding the Concept Paper.
- Materials from the **Consumers as Employers** course, from the Paraprofessional Healthcare Institute course on **“Employing, Supporting and Retaining Your Personal Assistant”** can be found at this web address.
<http://198.109.129.5:3455/sdl/74>
- The booklet written by Ellen Sugrue-Hymen, called **“Hiring and Managing Personal Assistants”** has been printed. This resource is intended for persons in Self-Determined arrangements who hire their own staff. Copies can be requested through The Arc Michigan.
- The Self-Determination Implementation Leadership Seminar was held on July 10th At the Lansing Holiday Inn South. Fifty-five people attended, mostly from mental health agencies. The agenda included these topics; Agency with Choice model, Fiscal Intermediary updates, the “Hiring and Managing Personal Assistants” booklet and a summary of the June Self-Determination conference.
- The Person-Centered Planning in Community Based Long-Term Care Practice Guideline Review Draft was sent to a large number of individuals for their comments. The comments will be summarized, and the authors will make changes to include changes which seem to fit the intent and meaning for this document.

LTC Supports and Services Commission

July 2007

Update to Consumer Task Force Long-Term Care Supports and Services Advisory Commission

Connie Fuller was introduced as the newest member of the Commission. She is appointed to represent long term care consumers for a term expiring December 31, 2008.

The Office provided a summary of LTCC governing board and consumer advisory council membership. There was concern expressed by Commissioners that consumer representation is not “substantial” as required by the contracts. Via a motion, the Commission made a formal recommendation to the Office that states:

- At least 60% of the Consumer Advisory Board members should be primary or secondary consumers
- At least 40% of the Governing Board members should be primary or secondary consumers
- Primary consumers should be receiving an array of long-term care services, with a priority on recruiting current nursing facility residents
- This requirement should be included in the October 1, 2007 contracts, with compliance by December 1, 2007
- Clarify and enforce that Board members may not be providers.
- The Commission and the Office ought to see a specific plan strategy with accountability from each LTC Connections on how they will achieve and maintain compliance with these requirements.
- As part of measuring and monitoring compliance, the Office and the contractors need to analyze the specific LTC supports and services that consumer members are utilizing.

- This standard shall be communicated to the LTC Connections contractors through the Office of LTC Supports & Services.

The Office will work with demonstration sites to clarify the dual status (professional who is also a consumer of long term care services) of existing members and to increase consumer involvement as necessary to meet the intent of the law.

Commissioners were provided a copy of the PCP Practice Guidelines and asked to provide comment by July 10. Initial feedback was provided that the guideline is a great discussion of philosophy, but does not help a provider understand, from a practical perspective, what the steps are to changing the culture of their organizations.

The Commission heard comment from two members of the public:

- Mariam Abouzahr, an intern with the Michigan Disability Rights Coalition, provided testimony regarding the need to ensure Medicaid benefits for noncitizens (legal immigrants) who are elderly or have disabilities. There was brief Commission discussion regarding this topic. The Commission determined that more data and research is needed before they could act on this issue.
- Cyndy Viars provided testimony regarding the need for a primer-type of written document to help people understand person-centered planning and the independent living movement. People want to do the right thing, they just don't know how.

The July meeting of the LTC Supports and Services Advisory Commission is scheduled for July 23 from 1:00-4:30 p.m. in Conference Rooms A-C of the Capitol View Building. The

August meeting of the LTC Supports and Services Advisory Commission has been cancelled. The group will reconvene on September 24, 2007 from 1:00-4:30 p.m. at Capitol View.

Systems Transformation Grant

July 2007

The revised Strategic Plan has been submitted to CMS for approval. The only comment that was made was regarding the need to obtain a project manager. The State will not be able to access additional funds until that time.

There is a workgroup working on the Evaluation Plan due soon to CMS.

Deficit Reduction Act/Money Follows the Person

July 2007

The Operational Protocol is due to CMS by the end of this month.

The Office is meeting with stakeholders on development of the nursing facility transition pathway.

CMS has required the State obtain a project manager. The State will not be able to access additional funds until that time.

**Quality Community Care Council
Executive Director's Report
July 17, 2007**

Provider Peer Mentor Program

Eleven Provider Peer Mentors have begun training. They are:

<i>Peer Mentor</i>	<i>County</i>	<i>Peer Mentor</i>	<i>County</i>
Brigitte Cook	Hillsdale	Cynthia Jeffer	Mecosta
Carrie Jefferson	Wayne	Cheryl Lanier	Wayne
June Mack	Wayne	Jackie Shook-Dunn	Genesee
Markeisha Stevenson	Saginaw	Janice Brinkley	Oakland
Renee Gallivan	Ottawa	Genna Goode	Genesee
Pamela Henley	Saginaw		

Three more Provider Peer Mentors will train later this year. They are: Jerry Butler from Van Buren County, Charles Staffen from Montcalm County, and Sarah Taylor from Osceola County.

Other

We will be mailing a letter to the individual and agency providers in the 42 counties at \$7.00 an hour to let them know their county rate will be increasing to \$7.15 per hour.

We will be hiring a new Registry Management Assistant to replace Brandy Peterson. In the interim, staff have picked up her counties to keep the process moving.

Call Report:

<u>Referral Source</u>	<u>Number of calls</u>
QC3 Direct - 488	488
DHS - 136	136
Family/Friend - 39	39
DCH Provider Agreement Policy - 2	2
SEIU - 26	26
Partner Agencies - 12	12
Other - 55	55
Unknown - 4	4
Total Referral Calls	762

CONFERENCE CALLS ON SELF DETERMINATION REVISED

All are from 2-3:30pm

Dial 877.336.1828 code 7527039

July 24 - Organizational Readiness

August 14 - Consumer Involvement

August 21 - Enrollment

MEMORANDUM

Date: July 23, 2007

To: Andy Farmer, Chairperson
Advisory Commission on LTC Supports and Services

CC: Members, Michigan LTC Supports and Services Advisory Commission

From: Michael J. Head, Director, Office of LTC Supports & Services

RE: Commission support for two grant applications

The Department is developing applications in response to a solicitation from the Centers for Medicare and Medicaid Services for Real Choice Systems Change grants. This solicitation offers two grant opportunities: (1) State Profile Tool: Assessing a State's Long-Term Care System and (2) Person-Centered Planning Implementation Grants. We would like to include in each application a letter of support from the Commission, which would require your assistance and action at the Commission meeting on July 23.

Both grants would contribute to our implementation of the Long-Term Care Task Force's recommendations. The first grant has the potential to contribute directly to the work of the Commission, as well as the Department; the second grant would strengthen our implementation of person-centered planning in long-term care programs;

I have attached abstracts for each grant application and some brief guidance we are providing to letter writers. We are putting these applications together within a very short timeframe. Consequently, we need the letters of support by Wednesday noon, July 25. We are hopeful that the Commission will provide letters of support for each proposal.

Attachments

Michigan's State Profile Tool for Long-Term Care

ABSTRACT

Michigan's State Profile Tool for Long-Term Care grant will build upon Michigan's current long-term care system transformation efforts, which have as a foundation the Governor's Long-Term Care Task Force recommendations. Those recommendations are being realized through the state's single point of entry demonstration initiative, its Self-Determination in Long-Term Care Initiative, its CMS Systems Transformation Grant and other grants that all contribute to the state's direction for long-term care. Developing Michigan's State Profile will be a unifying process that will produce a clear qualitative and quantitative picture of the long-term care system at a time of fundamental change. The Profile will help manage and assess those changes and describe them to our many highly invested and engaged stakeholders. The Profile will focus on Michigan's long-term care populations of the elderly and adults with physical disabilities, while including the systems that serve adults with developmental disabilities or mental illness and children. The Profile will be useful in describing the interaction between systems, the relationship between populations, and the opportunities for closer coordination. The Profile will also include a special focus on the subgroup of individuals with dementia, as a group that receives services from more than one system and may benefit from a closer examination of the service options now available and outcomes experienced.

The second portion of the grant involves contributing to the development of national balancing indicators. Michigan currently has multiple initiatives that involve the development of management and evaluation data within the long-term care system, including single point of entry demonstrations, the MI Choice waiver quality initiatives, nursing facility transition services, and implementation of a pre-paid health plan model for long-term care. The work on national balancing indicators will help unify the department's various efforts to produce sound management information and reports, with the useful addition of common national measures that will allow comparisons across states. Michigan's contribution to this effort will be enhanced by our partnership with the University of Michigan's Institute on Gerontology, which is a national leader in the development and use of the Minimum Data Set for nursing facilities and home care and MDS-based quality indicators. Michigan also has a sophisticated data warehouse, which will be a vital partner in achieving the grant goals.

The grant goals include: (1) better integration of the planning and management of the state's long-term care systems change initiatives (2) development of integrated management reports on cost, utilization, quality and outcomes, (3) use of the State Profile and balancing indicators for describing the changing long-term care system to various stakeholder groups, (4) development of recommendations for strengthening services and outcomes for individuals with dementia, and (5) support for consumer participation in an on-going, data-based stakeholder dialog on long-term care balancing issues.

The grant partners will include the Michigan Public Health Institute, the Michigan Disability Rights Coalition and the University of Michigan Institute on Gerontology. The budget for the grant is \$505,263 for the three-year grant period. The budget includes \$480,000 in federal funds and \$25,263 in the state's in-kind match.

FY 2008 Real Choice System Change Grant: Person Centered Planning Implementation Draft ABSTRACT

The, Office of Long Term Care Supports and Services, Michigan Department of Community Health is requesting funding assistance under the FY 2007 Real Choice Systems Change option to assure Person-Centered Planning Implementation.. This grant would enable a full implementation of **authentic** person-centered planning among all of the participants in the MI-Choice waiver. This work will also include assessing, developing and supporting the “informal” network of caregivers and community supports. Further, we will utilize funding to enhance our self-direction system and risk management processes.

Michigan has been a national leader in the use of a person-centered planning process beginning in its mental health and developmental disabilities service systems in the 1990’s and expanding into the community based long-term care system with initial investments using Michigan’s Independence Plus grant and through participation in the Robert Wood Johnson Foundation’s “Cash and Counseling” expansion project. The result of this work has been first steps in person-centered planning process training and the development of a Person-Centered Planning Practice Guideline, being finalized for application in FY 2008 across Michigan’s HCBS waiver for those eligible for nursing facility care. Additionally, Michigan is developing a statewide system of Long-Term Care Connection entities, beginning with four regional single points of entry entities to assist persons with long-term care needs. A central element of these first demonstration projects is use of a person-centered planning methodology in all encounters with those who need assistance in planning for long-term care needs.

This grant would enable Michigan to assess and refine Person Centered Planning to include the roles and needs of informal caregivers in the process. This effort will include determining useful caregiver assessment tools, and guidance on incorporating these into the PCP process for long-term care. Further refinement of PCP training curricula will be supported through the grant, including a consensus approach to develop a statewide capacity of independent facilitators of PCP, for use in Michigan’s HCBS waiver sites and through its LTC Connection demonstration projects. Michigan expects to further enhance participant direction, deemed “Self Determination in Long Term Care”, through the development of care-giver assessment tools that can best apply in the PCP process, and by development of a cadre of independent facilitators. Finally, the grant resources will support further evolution of quality management tools that can support continuous improvement in PCP practice quality using consumer feedback and local system mentoring from the consumer perspective.

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PLAN FOR DEVELOPING A PREPAID MEDICAID LONG-TERM CARE
HEALTH PLAN PILOT PROJECT

Values

The Michigan Department of Community Health has based its planning for pre-paid long-term care supports and services on the following values:

- People should be fully included in community life and activities to the degree possible.
- People should be empowered to exercise choice and control over all aspects of their lives.
- People should be able to access quality supports and services when needed (not placed on waiting lists).
- All stakeholders, especially participants and family members, must be part of the planning and implementation processes.
- Person-Centered Planning is the basis for all plans of supports and services.

Introduction

The Michigan Department of Community Health, Medical Services Administration (MSA) has submitted a Concept Paper to the Centers for Medicare and Medicaid Service's Disabled & Elderly Health Program Group in the Center for Medicaid & State Operations (CMS) that would initiate discussions with CMS toward the Department's submission of 1915(b) and 1915(c) combined waiver applications. The purpose for this proposal is to create, under the Medicaid program, a prepaid health plan option that can establish a voluntary enrollment plan which, for eligible enrollees, will afford them access to a full array of long-term care supports and services determined in consultation with the enrollee, based upon enrollee needs and consistent with enrollee choices and preferences.

The intended outcome for utilizing a combined 1915(b)/(c) waiver mix is to replicate a model similarly structured in other states whereby enrollees have an entitlement access to home and community-based long-term care services as well as nursing facility services. The Department's Office of Long-Term Care Supports and Services has been the initial designer of the proposed plan, developing this option as a result of a CMS Real Choice Systems Change grant aimed at reducing "institutional bias" in Medicaid long-term care services and promoting "rebalancing" of the mix between institutional and home & community-based services for the elderly and persons with disabilities.

In 2005, Michigan's Governor, Jennifer M. Granholm, convened a Long-Term Care Task Force to identify consensus recommendations to modernize Michigan's Medicaid long-term care system. Part of the recommendations made by the Task Force included the following: 1) require and implement person-centered planning throughout the LTC continuum; 2) improve access by adopting Money Follows the Person principles; 3) establish single point of entry agencies for participants; 4) strengthen the array of supports and services; and 5) adapt financing structures that maximize resources, promote participant incentives, and decrease fraud.

A brief summary of key points are as follows:

- Collaborate among the local MI Choice Waiver agency, local Department of Human Services (for the Home Help Program), and local nursing facilities as well as other providers.
- Assure participant/family representation on the governing body.
- Development of single local system that authorizes and coordinates services across settings.
- Operate within a capitated financing arrangement.

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PLAN FOR DEVELOPING A PREPAID MEDICAID LONG-TERM CARE
HEALTH PLAN PILOT PROJECT

Key reasons (expected outcomes) for doing this are as follows:

- Enact “Money Follows the Person” within the Medicaid program for those eligible for long term care services.
- Improve quality of life options for people requiring services.
- Go beyond the capacity constraints of the current MI Choice Waiver Program.
- Provide entitlement access for persons eligible for the plan.
- Support participant choice and empowerment across a full range of supports and services
- Assure appropriate use of nursing facilities and home and community-based services.
- Provide local alternatives for nursing facility closures.
- Address unmet needs through reinvestment of savings.
- Manage the use of limited funding.

Planning Principles

- Supports and services should be community-based and should promote independence, community integration, and participation in community life.
- Continuously incorporate the participant’s voice (including family members when appropriate and in the participant’s best interests) in all aspects of plan development and implementation.
- Person-centered planning should always be fostered.
- Supports and services should be of high quality, non-discriminatory, culturally competent, and appropriate.
- People who meet nursing facility level of care need should not have to wait for home and community based services when that is their preference.
- Rights of individuals who are aging and/or persons with disabilities should be preserved and protected.
- Participants and their families should always be treated with dignity and respect.
- Health and welfare needs of participants must always be addressed.
- The model must assure high quality supports and services and demonstrate positive outcomes.
- DCH must evaluate the effectiveness of the model for possible statewide implementation.

Feasibility Study

A key function of the Money Follows the Person grant and a necessary part of the waiver application process is to conduct a feasibility study aimed at examining costs, efficiencies, supports, and barriers to implementing a Pre-paid Healthcare Plan for Long-Term Care.

The purpose of the Feasibility Study is to answer the following:

1. Will the proposed waiver program cost DCH more than current long-term care expenditures for current services to the same population and if so, how much more, than not proceeding with this plan?
2. What are the necessary financial outcomes for service delivery that must be met over a series of years for the program to be sustainable given current appropriations for long-term care services?
3. What have other states pursuing similar directions determined with respect to these same questions as they developed prepaid LTC health plan models?
4. What options might the state include to protect itself from financial exposure under the scenarios determined under questions (1) and (2)?
5. What might be the acceptable levels of financial and/or program success that would support an argument to continue the proposed model past a pilot program phase?

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PLAN FOR DEVELOPING A PREPAID MEDICAID LONG-TERM CARE
HEALTH PLAN PILOT PROJECT

Enrollment in the long-term care PHP would be voluntary for participants. Those eligible would consist of the elderly (aged 65 and over), and persons with disabilities (aged 18 through 64) who meet existing MI Choice Waiver financial eligibility criteria and nursing facility level-of-care need. Incorporation of some type of participant fee, based on ability to pay, will be considered. This would be similar in concept to participant payment for a portion of nursing facility costs.

Single Points of Entry (Michigan's LTC Connections)

Michigan's Long-term Care Connections are the four demonstration Single Point of Entry entities developed over the past year at the direction of Governor Granholm and in conformance with PA 634 of 2006. These entities could serve as the screening and eligibility determination points for the proposed prepaid LTC health plan pilot projects.

Developing a Service Provider (PHP)

Successful implementation of this plan hinges on the Department identifying or developing an organization to serve as the Prepaid Health Plan (PHP). The PHP would provide Medicaid long-term care services in a limited geographic area. Ultimately the state may only contract with an entity qualified to meet CMS and state requirements for functioning as a capitated, risk-bearing entity.

The selection of a provider entity is a key factor for success of the overall effort. There does not appear to be an existing pool of PHPs with long-term care experience. Therefore, a bidding process is not warranted. Instead, it is intended that existing experience with LTC home and community-based services including nursing facility transitions could be partnered with an existing licensed HMO. There are a large number of stakeholder considerations including those of consumer advocate groups which need to be taken into account during the provider development process. Experiences in Wisconsin and other states provide a possible roadmap for this stage of development.

Personal Outcomes for Participants

Person-Centered Planning/Self-Determination Outcomes

- People have a broad array of service and support options.
- People are treated fairly.
- People are treated with dignity and respect.
- People choose their supports and services.
- People choose their daily routine.
- People achieve their objectives for daytime activities.
- People are satisfied with supports and services.

Community Integration Outcomes

- People choose where and with whom they live.
- People participate in the life of the community.
- People remain connected to family and other informal supports.

Health and Safety Outcomes

- People are free from abuse and neglect.
- People have the best possible health.
- People are safe.
- People experience continuity and security.

To: People concerned about Medicaid
From: Terry Hunt, Michigan DD Council
Tom Masseau, Michigan Protection and Advocacy Service
Date: July 23, 2007
Re: Medicaid Rally

Many state legislators have targeted the Medicaid budget for deep cuts to help offset our state's FY '08 \$2B budget deficit. We are in the early stage of planning a September rally at the state capitol in support of Medicaid. We want to build a broad-based coalition to help plan, promote and carry out this rally.

Please share this meeting notice with others who want to help protect funding for Medicaid and encourage them to attend this important planning meeting:

10am – 12pm
Friday, July 27
DD Council Conference Room
1033 S. Washington Ave.
Lansing, MI 48823

Please RSVP regarding availability by July 26. Phone 517.334.6123 or e-mail floenced1@michigan

You may join the meeting by teleconference: 877.873.8018
Code # 1063784

Our preliminary agenda includes:

Rally date
Timeframe
Speakers
Partners/outreach
Expenses
Flyer/promotion
Other
Assignments
Next meeting date

OFFICE OF SERVICES TO THE AGING POTLUCK BBQ PICNIC

We would be pleased and delighted to have you attend our annual outing as follows:

What: OSA Summer Potluck BBQ picnic
When: Tuesday, July 31, 2007 @ 12:00 PM
Where: Office of Services to the Aging
7109 W. Saginaw Hwy., 1st Floor
Lansing, MI 48917

The Office will be grilling hotdogs, hamburgers, and veggie burgers

Please RSVP to Carol Dye, (517) 373-7876, and advise her on what you plan to bring?

MAP TO THE OFFICE OF SERVICES TO THE AGING OFFICE

